

Swami Vivekanand Institute of Mountaineering

"Sadhana Bhavan", Gaumukh Road, Mount Abu, Rajasthan - 307 501 (India)

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Pandit Dindayal Upadhyay Training Centre

Radhanagar Society, Girnar Darwaja, Junagadh, Gujarat - 362 001 (India)

Phone: +91 (285) 262 7228

email: centre@gujmount.com

Application Form

1. Name	<i>Last Name / Surname/ Family Name</i>		<i>First Name</i>	<i>Middle Name / Father's Name</i>		
2. Date of Birth (Attach Proof)	<i>Day</i>	<i>Month</i>	<i>Year</i>	3. Sex	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. Nationality	<i>Are you a resident of Gujarat state?</i> <input type="checkbox"/> YES (Provide Proof of Residence) If not then			<i>Are you a citizen of India?</i> <input type="checkbox"/> YES (Provide Proof) <input type="checkbox"/> NO <i>Passport No:</i> <i>Visa No:</i>		
5. Address	<i>Permanent</i>			<i>Mailing</i>		
<i>Street Address</i>						
<i>City / Town</i>						
<i>State</i>						
<i>Pin / Postal Code</i>						
<i>Country</i>						
6. Phone No	<i>Country Code</i>	<i>Area / STD code</i>	<i>Phone No</i>	<i>Country Code</i>	<i>Area / STD code</i>	<i>Phone No</i>
7. email						
8. Education Level	<input type="checkbox"/> Some School		<input type="checkbox"/> High School	<input type="checkbox"/> Some College		<input type="checkbox"/> Diploma
	<input type="checkbox"/> Graduate		<input type="checkbox"/> Other (Specify)			
9. Occupation				<i>If student specify</i> Std: Institute:		
10. Next to kin	<i>Name</i>				<i>Relation</i>	
<i>Address</i>					In Case of Emergency "ICE" Phone No:	
11. Name of the affiliated club or organization:						
12. Experience in adventure / outdoor activities (List the courses you have done from other Institutes or any sports you are involved with):						
Important: Before you fill out following information please verify the commencing date in current course schedule. Application with incorrect or inadequate information may not be accepted.						
13. Course applying for (Choose one per application)		Commencing Date (1 st Choice)	Commencing Date (2 nd Choice)	Instruction		
<input type="checkbox"/>	Adventure Course at Mt. Abu (Age 8 to 13) 7 days			No previous experience needed		
<input type="checkbox"/>	Adventure Course at Junagadh (Age 8 to 13) 7 days			No previous experience needed		
<input type="checkbox"/>	Basic Course in Rock Climbing at Mt. Abu (Age 14 to 45) 10 days			No previous experience needed		
<input type="checkbox"/>	Basic Course in Rock Climbing at Junagadh (Age 14 to 45) 10 days			No previous experience needed		
<input type="checkbox"/>	Advance Course in Rock Climbing (Age 15 to 45) 15 days			Requires Basic Course in Rock Climbing Attach Photocopy of Certificate		
<input type="checkbox"/>	Coaching Course in Rock Climbing (Age 17 to 45) 30 days			Requires Basic & Advance course in Rock Climbing Attach Photocopies of Certificates		
<input type="checkbox"/>	Artificial Rock Climbing Course (Age 17 to 45) 10 days			Requires Coaching Course in Rock Climbing Attach Photocopy of Coaching course		
<input type="checkbox"/>	Refresher Course for Instructor (Age 17 to 45) 10 days			Requires Coaching Course in Rock Climbing Attach Photocopy of Coaching course		
<input type="checkbox"/>	Trekking in Gujarat (Age 17 to 45) 10 days			Coaching course trainee will get first preference		
<input type="checkbox"/>	Trekking in Himalaya (Age 17 to 45) 15 days			Coaching course trainee will get first preference		
14. Note						

Acknowledgment And Assumption of Risk, Release and Indemnification

In consideration of the training & services provided by Swami Vivekanand Institute of Mountaineering or Pandit Dindayal Upadhyay Training Center, the government of Gujarat, its officers, employees, agents, volunteers, participants and all other persons or entities associated with or acting in any capacity on its behalf (collectively referred to as "SVIM"), I hereby agree to release, indemnify and discharge SVIM, on behalf of myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children, as follows:

1. I acknowledge that rock climbing, mountaineering and any such adventure activity entail known and unanticipated risks that could result in physical or emotional trauma, injury, paralysis, death or damage to me, property and/or third-parties.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in the activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless SVIM from any and all claims, demands or causes of action which are in any way connected with my participation in this activity or my use of SVIM's equipment or facilities including any such claims which allege negligent acts or omissions of SVIM.
4. Should SVIM or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. I understand that SVIM may contract with independent contractors to provide services on the course or activity, including transportation, lodging, boarding, travel services and guide services. I understand that SVIM has no control over and accepts no responsibility for the actions of any independent contractor involved in providing services on the trip/activity. The laws of the State of Gujarat will govern this Agreement and I consent to the jurisdiction and venue of the courts sitting in Palanpur, Gujarat. If there is a dispute between the parties relating to this document, the party substantially prevailing will be entitled to recover all costs and expenses of any subsequent proceedings (including trial, appellate, and arbitration proceedings), including the attorney fees incurred therein. By signing this document, I acknowledge that if anyone is hurt or property damaged during my participation in this course/activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SVIM on the basis of any claim from which I have released them herein.
7. I also agree to abide by the rules and regulations of SVIM and such instructions as representatives of institute may consider it necessary to give in order to secure the safety and discipline during the training/course, failing which may result in my expulsion from course without any prior notice. In certain cases I will not get a refund for the course fee and other associated fees.
8. I also certify that I am physically and mentally fit, for such training and have consulted and did not conceal any past/present history of illness to the medical authority.
9. I have had sufficient opportunity to read this entire document. If any part of this Agreement is deemed unenforceable, all the parts shall be given full affect to the extent possible. I have read and understand it, and I agree to be bound by its terms.

15. Signature of Participant	<i>Date</i>	<i>Print Full Name</i>
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Additional Indemnification by Parent or Guardian (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) (the "Minor"), being permitted by SVIM to participate in its course/ training/trip/activities and to use its equipment and facilities, as the parent or guardian of Minor, I hereby give my permission for Minor to participate in the foregoing and further agree, individually and on behalf of Minor, to the terms of the above and to indemnify and hold harmless SVIM from any and all claims which are brought by or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

16. Signature of Parent or Guardian	<i>Date</i>	<i>Print Full Name</i>
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Medical Fitness Certificate (To be filled out by RMO/ RMP/ Physician or Registered Medical Authority)

17. Name of Applicant		<i>Last Name/ Surname</i>			<i>First Name</i>		<i>Middle Name</i>	
18. Age	<i>Years</i>	19. Height	<i>Ft</i>	<i>In</i>	20. Weight	<i>Kg</i>	21. Blood Group	

22. Is applicant suffering from any diseases related to

Coronary	<input type="checkbox"/> NO <input type="checkbox"/> YES	<i>Findings</i>	Pulmonary	<input type="checkbox"/> NO <input type="checkbox"/> YES	<i>Findings</i>
Bone	<input type="checkbox"/> NO <input type="checkbox"/> YES		Vision	<input type="checkbox"/> NO <input type="checkbox"/> YES	
Psychological	<input type="checkbox"/> NO <input type="checkbox"/> YES		Dental	<input type="checkbox"/> NO <input type="checkbox"/> YES	

23. Space to write any significant finding or advise:

24. Certificate:

This to certify that Mr. / Ms _____ is physically and mentally found fit on his/her examination, to undergo any adventurous or mountaineering training activities.

25. Signature of Medical Doctor	<i>Date</i>	<i>Print Full Name / Address/ Registration No / Seal:</i>
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Information regarding course fees

1. Accommodation at hostel facility and training are provided free of cost by Govt. of Gujarat to the residents of Gujarat state.
2. The individuals/club/institution/school bears food expenses.
3. For year 2013/2014 the charges for food are Rs TBD (INR) per head per day decided by Government of Gujarat.
4. Applicant from other then Gujarat state but citizen of India has to bear additional Rs 10.00 per day as training fees.
5. International applicants should contact by email at admissions@gujmount.com for their fees and other charges.